

National Bioterrorism Hospital Preparedness Program: Education and Training



Terri Spear, Ed.M.

Education and Training Specialist

Division of Health Care Emergency

Preparedness

HRSA

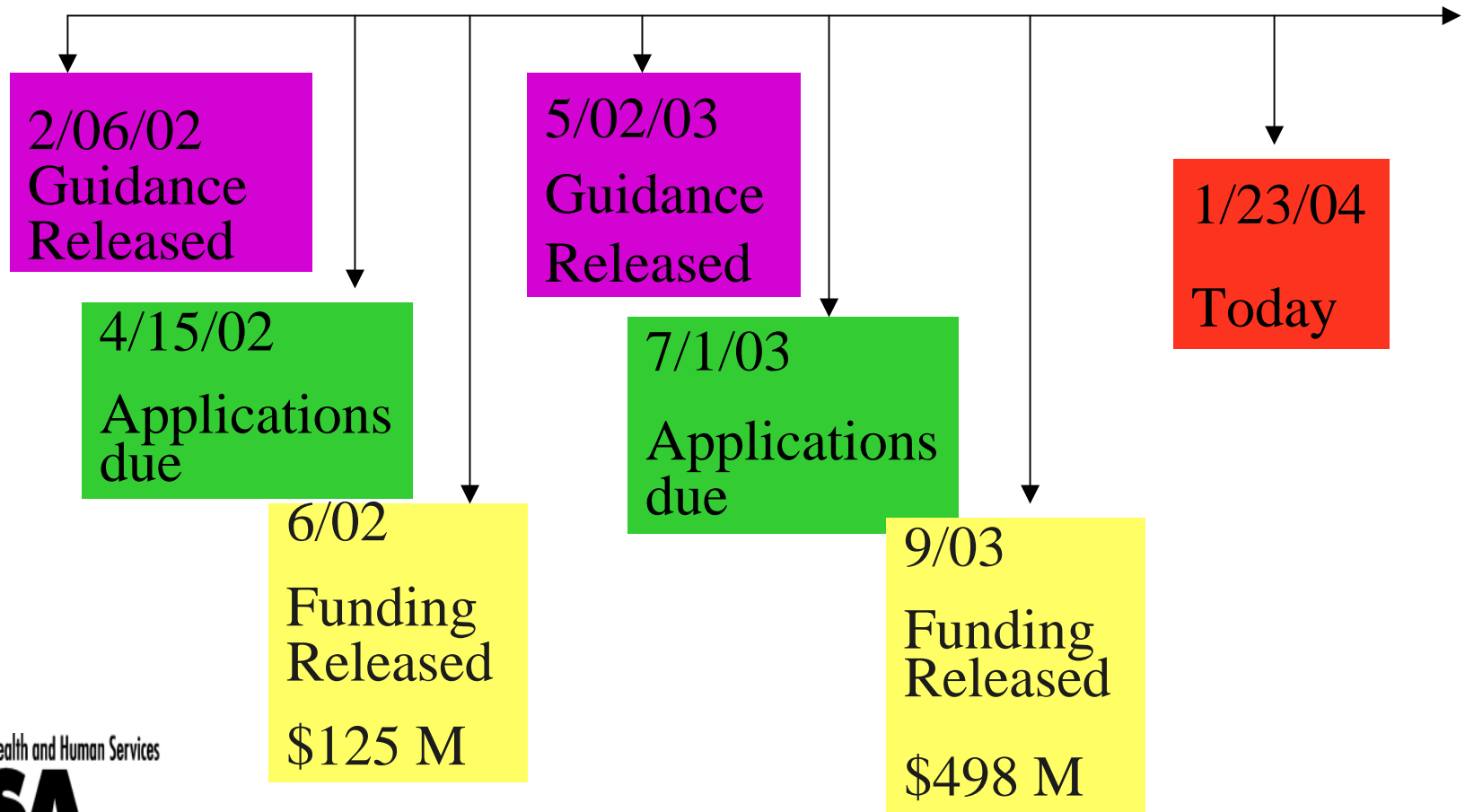
January 23, 2004



Program Mission

Ready Hospitals and supporting health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies

History



U.S. Department of Health and Human Services



HRSA

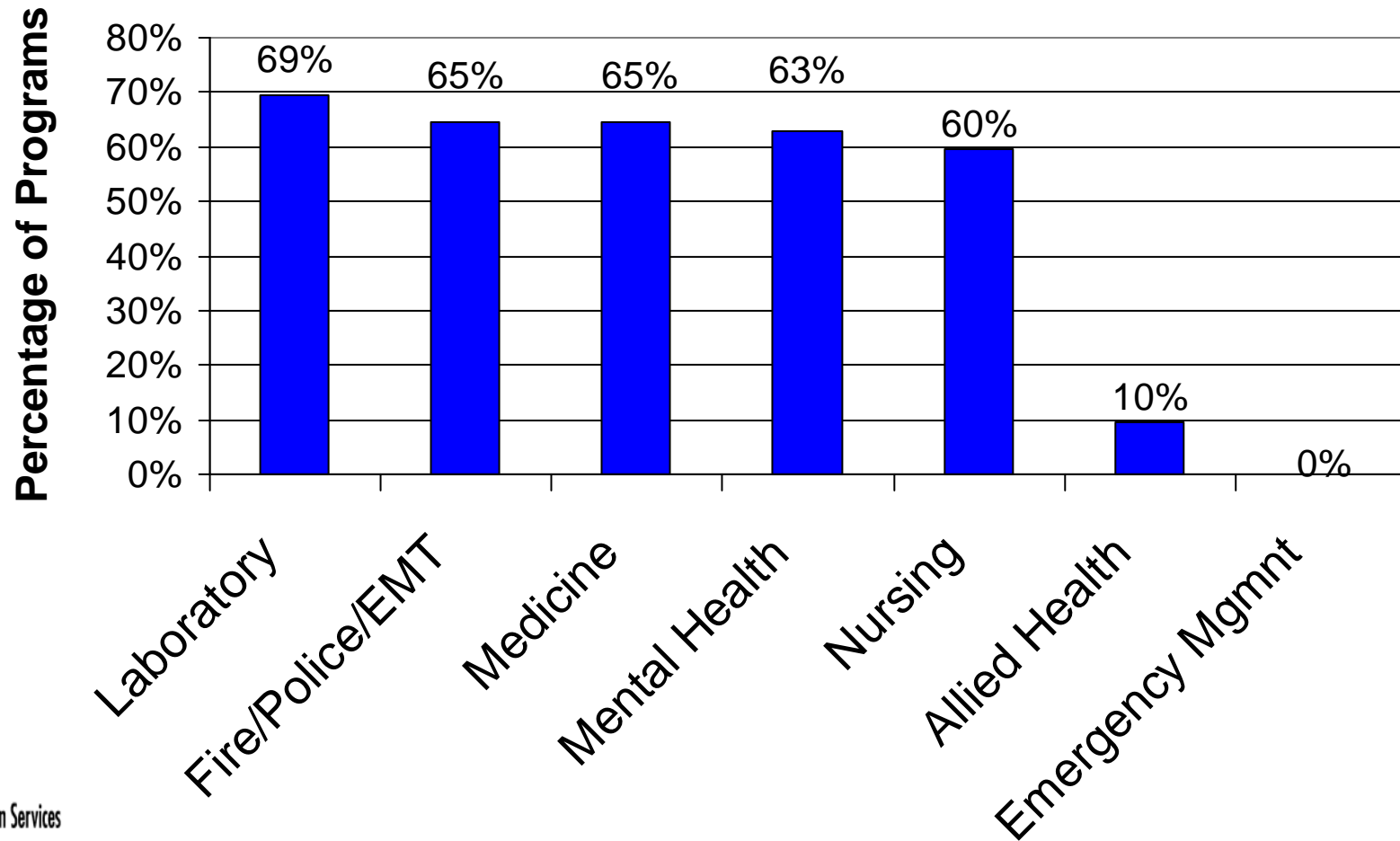
Health Resources and Services Administration



Education and Training

- FY 02 Guidance – Secondary Priority
- FY 03 Guidance – Optional Benchmark #5
 - 89% of the jurisdictions addressed education and training directly.
 - 100% described educational activities

Targeted Trainees



U.S. Department of Health and Human Services

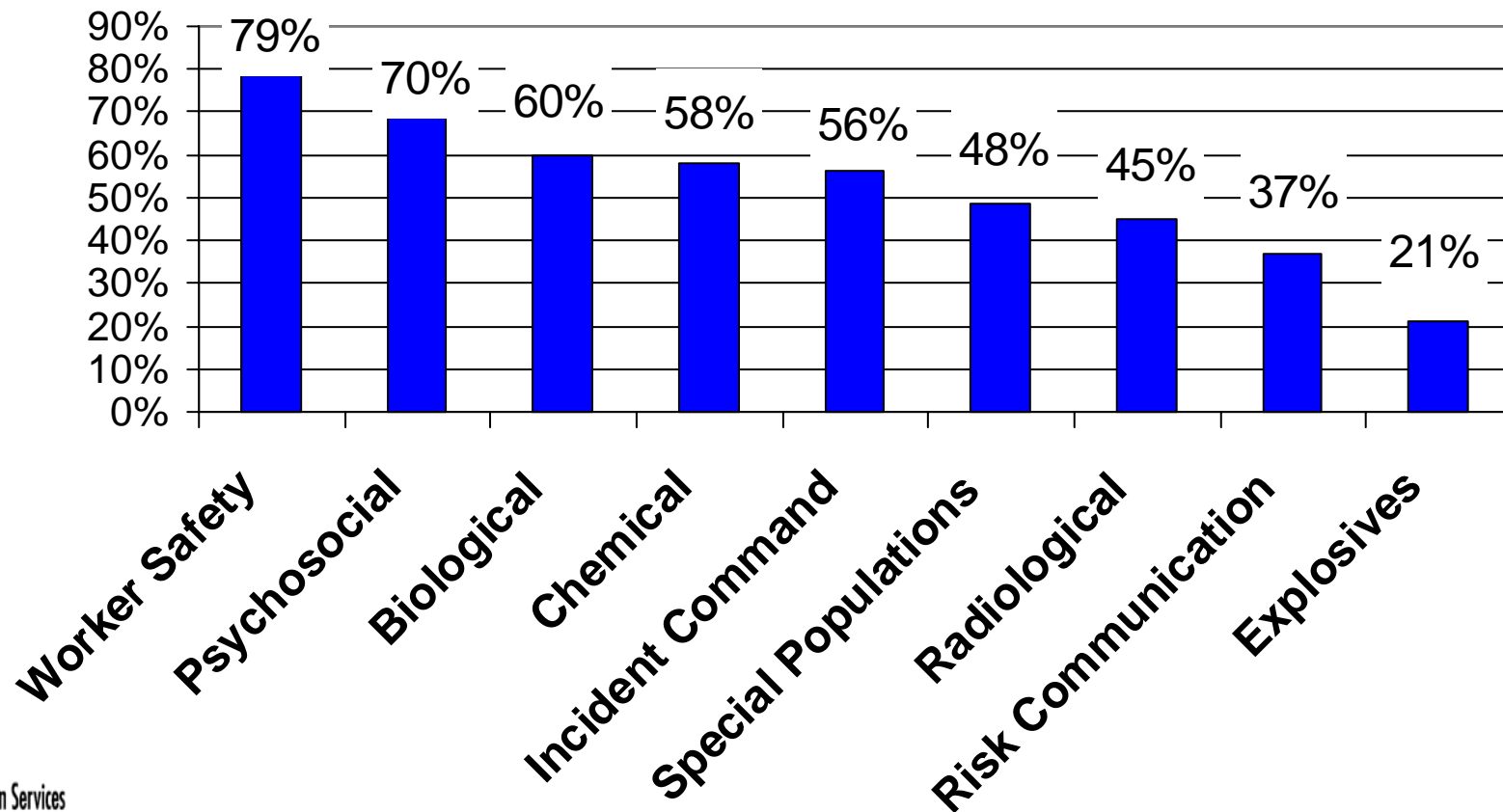


HRSA

Health Resources and Services Administration



Topics Addressed



U.S. Department of Health and Human Services

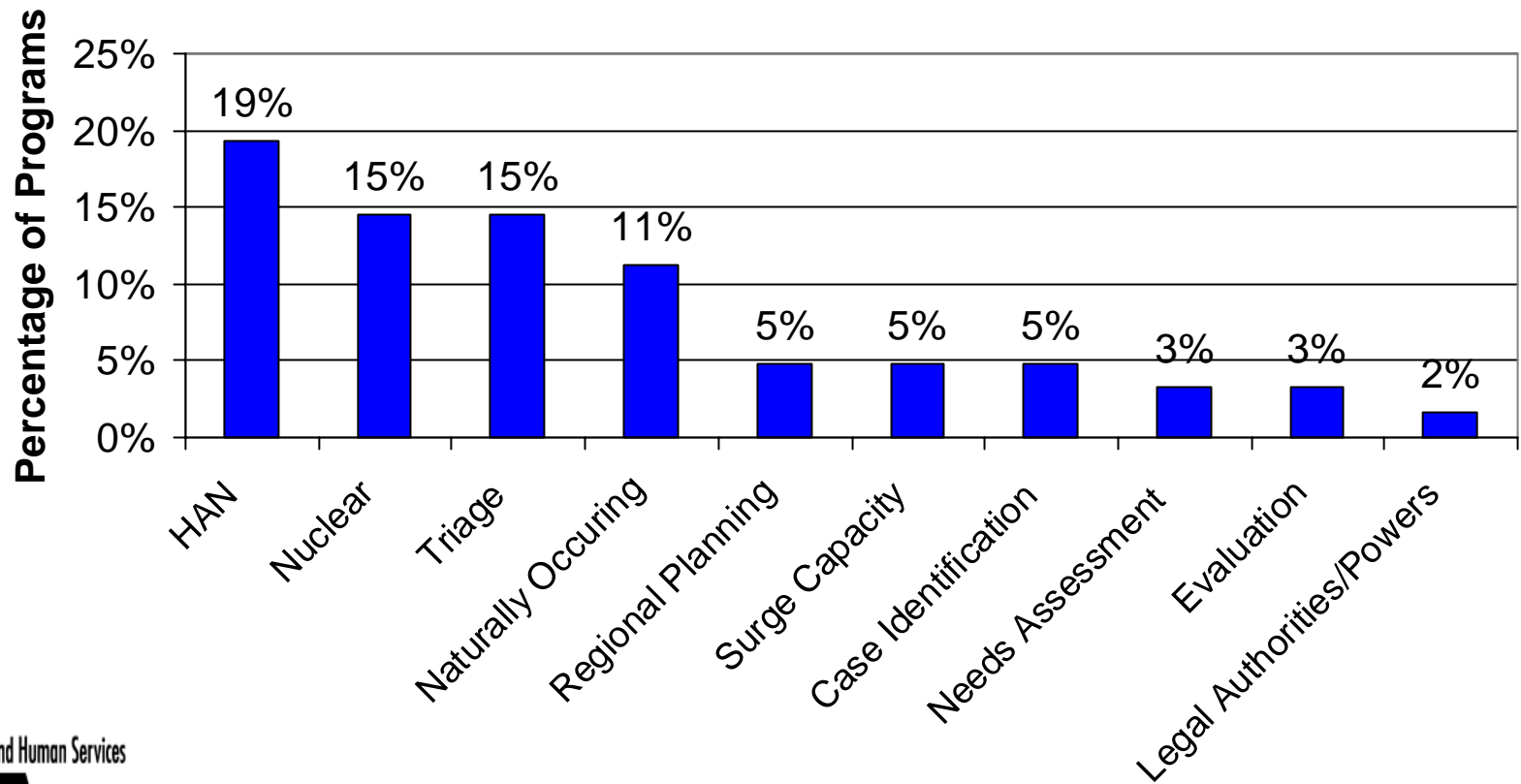


HRSA

Health Resources and Services Administration



Topics Addressed



U.S. Department of Health and Human Services

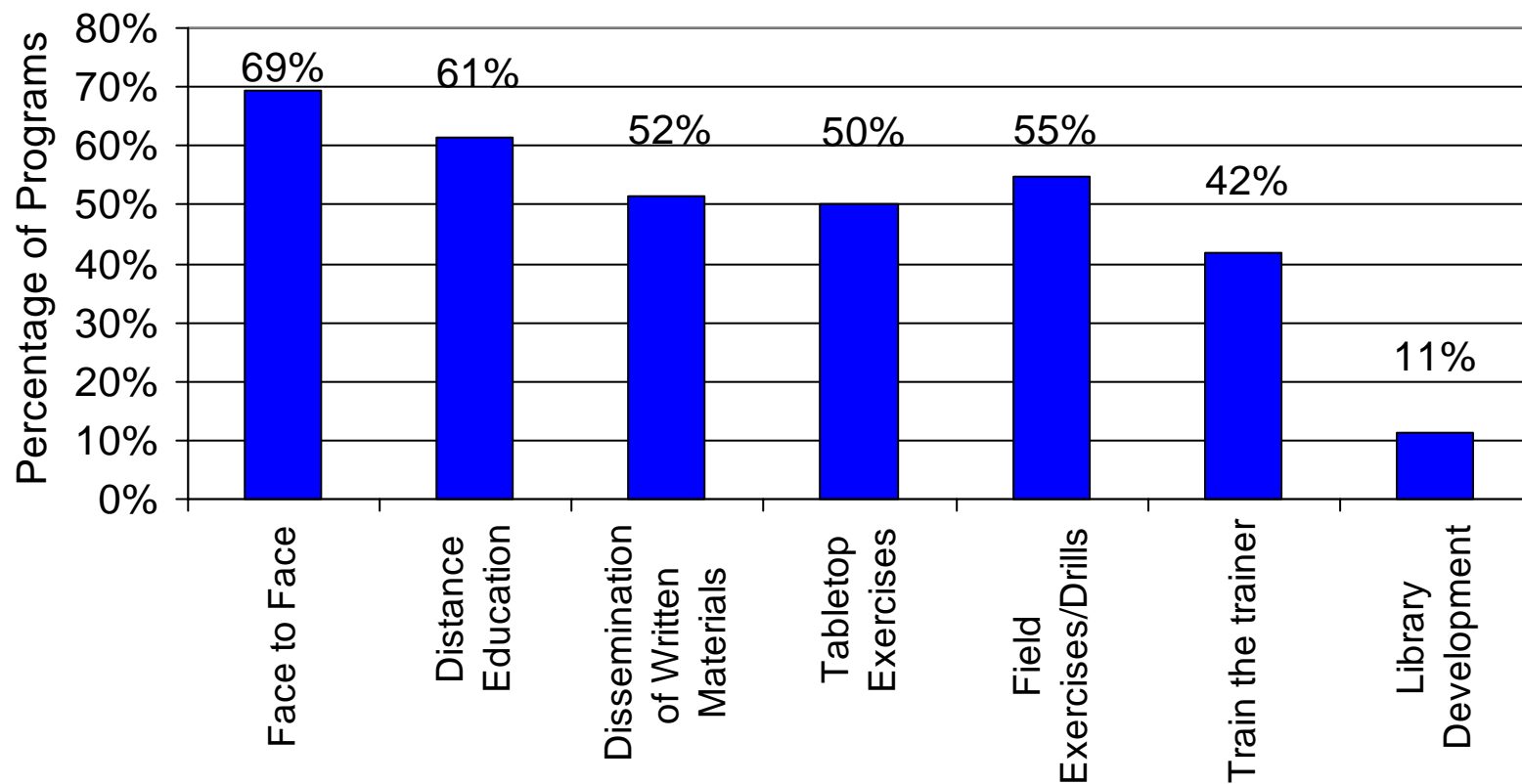


HRSA

Health Resources and Services Administration



Educational Methodology



U.S. Department of Health and Human Services



HRSA

Health Resources and Services Administration



"Volunteered Outcomes"

- Numbers Trained – 42,170
- Budgets devoted to training specifically- \$5,916,252



The Over Riding Question

- What percentage of the Nation's health care workforce is prepared to respond competently to a public health emergency?
 - Federal Response Today
 - Progress reports- can't tell us
 - State and Local Response Today
 - Can't tell us
 - Providers Response
 - G. Caleb Alexander et al, Ready and Willing? Physician Sense of Preparedness for Bioterrorism, *Health Affairs*, Oct. 2003.



Other Questions

- What are they being trained to do?
- When will the workforce report they are prepared and how will they know?
- How will the government know when “preparedness” has been achieved or to what degree?



Future Direction

- Assist awardees in transforming BT education **from** a focus on content alone

- Small Pox
- Anthrax
- Radiation Illness

to Competencies

- Conduct a focused health history to assess potential exposure to CBRNE agents.

Existing Bioterrorism Competencies

- Public Health
- Medicine
- Nursing
- EMS
- Hospital Based employees
- Hospital Administrators

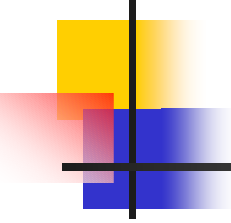




Expected Benefits of Competency-Based Education

- Programmatic definition and differentiation
- Increased focus on obtaining the answers to the real question:
 - What percentage of our health care workforce is prepared to respond?
- Increased relationship between training and workplace applicability
- Training outcomes are observable and therefore measurable



- 
-
- Improved transferability and comparability of training
 - Educational mapping
 - Efficiency in resource utilization
 - Clearer definition of health care provider preparedness
 - Expensive drills will have added utilization.